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RUEHXC/ALL US CONSULATES IN MEXICO COLLECTIVE
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RUEHPH/CDC ATLANTA GA PRIORITY 0003
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UNCLAS SECTION 01 OF 02 MONTERREY 000434

SENSITIVE
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SUBJECT: NUEVO LEON PROJECTS INCREASE IN H1N1 CASES

REF: MONTERREY 178; MONTERREY 397

MONTERREY 00000434 001.2 OF 002

¶1. (SBU) Summary: Nuevo Leon Health officials are preparing for a sharp increase in H1N1 cases over the winter months that could be as high as 300%. However, state government stocks of antiviral medication remain low and, in some private pharmacies, unavailable. The state has yet to receive a supply of H1N1 vaccinations and its priority list for them does not target those most at risk of contracting the disease. End summary.

State Preparing for Precipitous Rise in H1N1 Infections

¶2. (SBU) On November 6, Dr. Nemecio Lopez Vargas, Under Secretary of Disease Control and Prevention at the Nuevo Leon Secretariat of Health, told EconOffs that his state was preparing for an increase of "up to 300 percent" in H1N1 cases during the winter months. Of Mexico's 61,633 confirmed H1N1 cases (as of 11/11), 3,582 have been in Nuevo Leon, resulting in 46 deaths (as of 11/13) and 83 hospitalizations. Of the state's 51 municipalities, 34 have reported H1N1 cases. Lopez cautioned that the number of actual H1N1 cases was probably much higher since state health authorities only count those with severe complications for infection. (Comment: Nuevo Leon, with around 3.8% of Mexico's population has accounted for about 9.5% of the country's recorded H1N1 fatalities. However, this could be a reflection of better disease monitoring systems in the relatively prosperous state. End comment.)

Sufficient Antivirals - For Now

¶3. (SBU) Lopez explained that, while many private pharmacies are currently out of antiviral medication, Nuevo Leon's public hospitals still had wide availability of the drugs. The state hospitals were filling prescriptions for private patients who could not otherwise find these medications through local pharmacies.

¶4. (SBU) However, he held out the possibility of shortages of the drug if infections increase, explaining that pharmaceutical companies would not be able to supply enough antiviral medication to meet a large demand surge. (Note: The state currently has a shortage of children's liquid Tamiflu dosages - pharmacists are crushing the adult tablets to formulate an oral suspension suitable for children. End note.) Since April, the Secretariat has purchased around 36,000 antiviral treatments and currently has 4,000 doses remaining in its 'strategic reserve' with an outstanding order for 25,000 more doses, Lopez said.

More Ventilators Ordered

¶5. (SBU) Lopez recounted that the state's hospitals, most of which are located in Monterrey, have around 300 ventilators to accommodate the most severe cases. To meet an expected rise in demand, the state has purchased 20 additional ventilators and has another 20 on order.

Some Vaccines Expected in December

¶6. (SBU) Lopez said Nuevo Leon should receive 700 - 800 thousand H1N1 vaccine doses out of Mexico's total order of 30 million (five million from Swiss pharmaceutical company Novartis and 25 million from the U.S. subsidy of Sanofi-Aventis). He

MONTERREY 00000434 002.2 OF 002

expects the first vaccine shipments to arrive in mid-December. However, due to an expected rise in world demand, Lopez does not know how much the state (or Mexico) will receive in the first shipment. As a result, per federal government guidelines, the state is prioritizing delivery to: health care workers, diabetics, pregnant women, HIV/AIDS patients, those over 60 and children under five.

Disconnect in Vaccination Priorities

¶7. (SBU) Federal priorities for vaccination are at odds with actual H1N1 experience, Lopez explained. He said that children and youths from 5 - 24 years old have accounted for around 64 percent of H1N1 cases and have a higher mortality rate than other age groups. Part of this higher susceptibility, Lopez noted, is because those in these age groups are usually concentrated together in schools, facilitating disease transmission. Yet, federal authorities have, thus far, refused to change the vaccination priority to include these age groups, despite Lopez's suggestion that they do so.

School Closing Policy

¶8. (SBU) Nuevo Leon state policy calls for closing individual classes when two or more H1N1 cases occur in a classroom.

Should two or more classes in any given school meet this criterion, the state Secretariat of Health, in coordination with the State Secretariat of Education, will shut down the school for a week. According to Lopez, state schools have prescreeners stationed at each entrance to examine children for flu before they enter the facilities. If a child exhibits symptoms, he/she is sent home. In a worst case scenario, Lopez did not rule out an ordered closure of the state's 6,000 educational institutions until early-January (when they would be scheduled normally to reopen after the Christmas holiday break).

Comment

19. (SBU) Nuevo Leon's health care infrastructure could be hard-pressed to handle a sharp rise in H1N1 cases, much less a worst case scenario. Pharmacy executives have told post that their outlets have not been receiving supplies of anti-viral medications to handle even current demand. Despite Lopez's assurances of drug availability at state hospitals, the state's current stock of 4,000 dosages looks meager should cases rise significantly (Nuevo Leon has a population of over 4 million), even with the additional supply on order. In this scenario, those living outside of the Monterrey metropolitan area will most likely have a difficult time accessing medication and treatment. Given worldwide demand for vaccines, it is probable that the state will wait some time before it receives sufficient doses to cover it's at risk population. Even then, state adherence to the federal policy on vaccination priority appears misdirected, which could further complicate efforts to combat the disease.
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